

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-676)**

SERIAL NO.

538877

FILING DATE

3-30-00

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
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36		1		1		
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39		1		1		
40		1		1		
41	1		1			
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47						
48						
49		1		1		
50		1		1		
TOTAL NO.	10		10			
TOTAL DEF.	36		30			
TOTAL	46		40			

	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
62						
63						
64						
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100						
TOTAL NO.						
TOTAL DEF.						
TOTAL						